

REPLACEMENT DRAWING

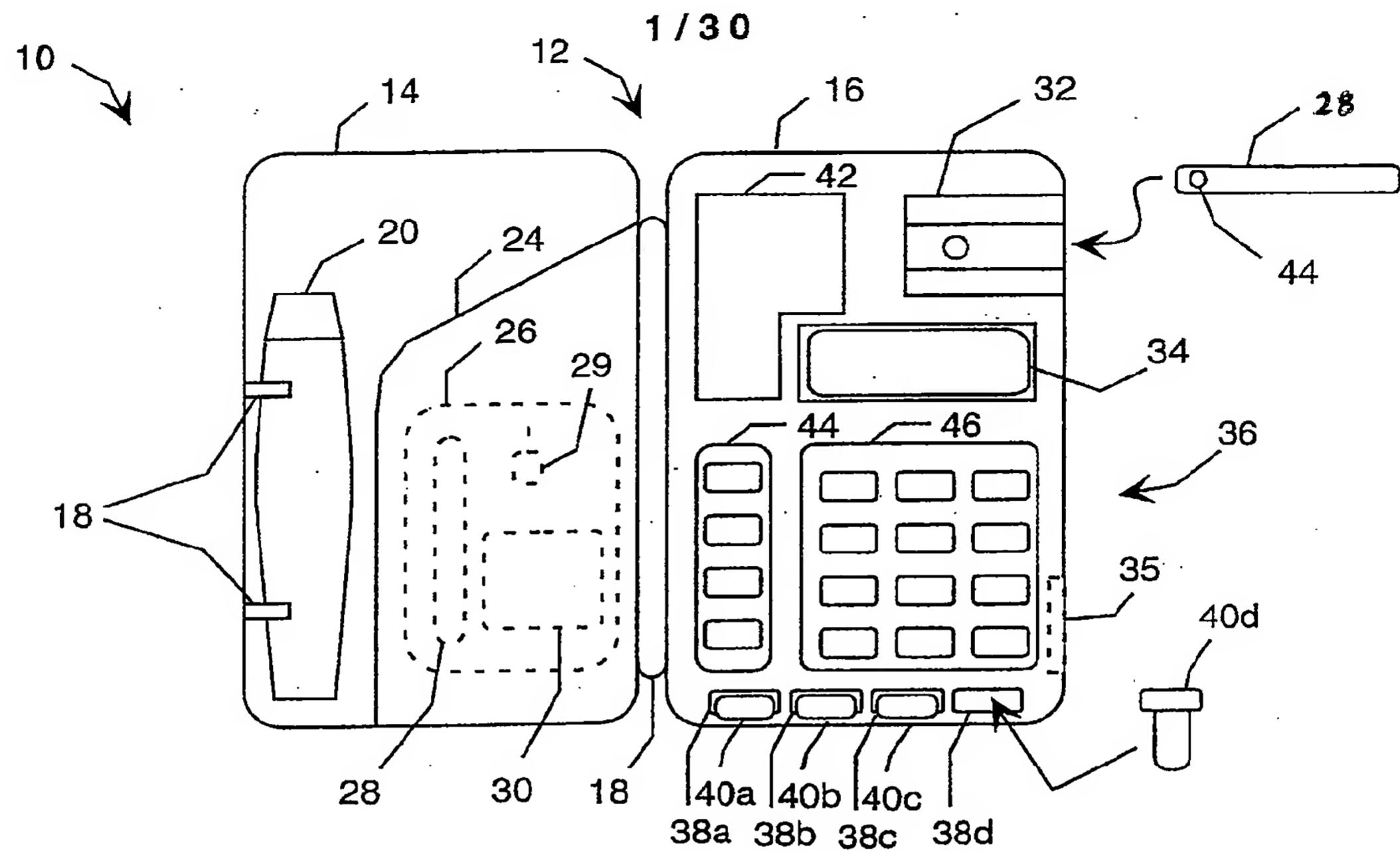


FIG. 1A

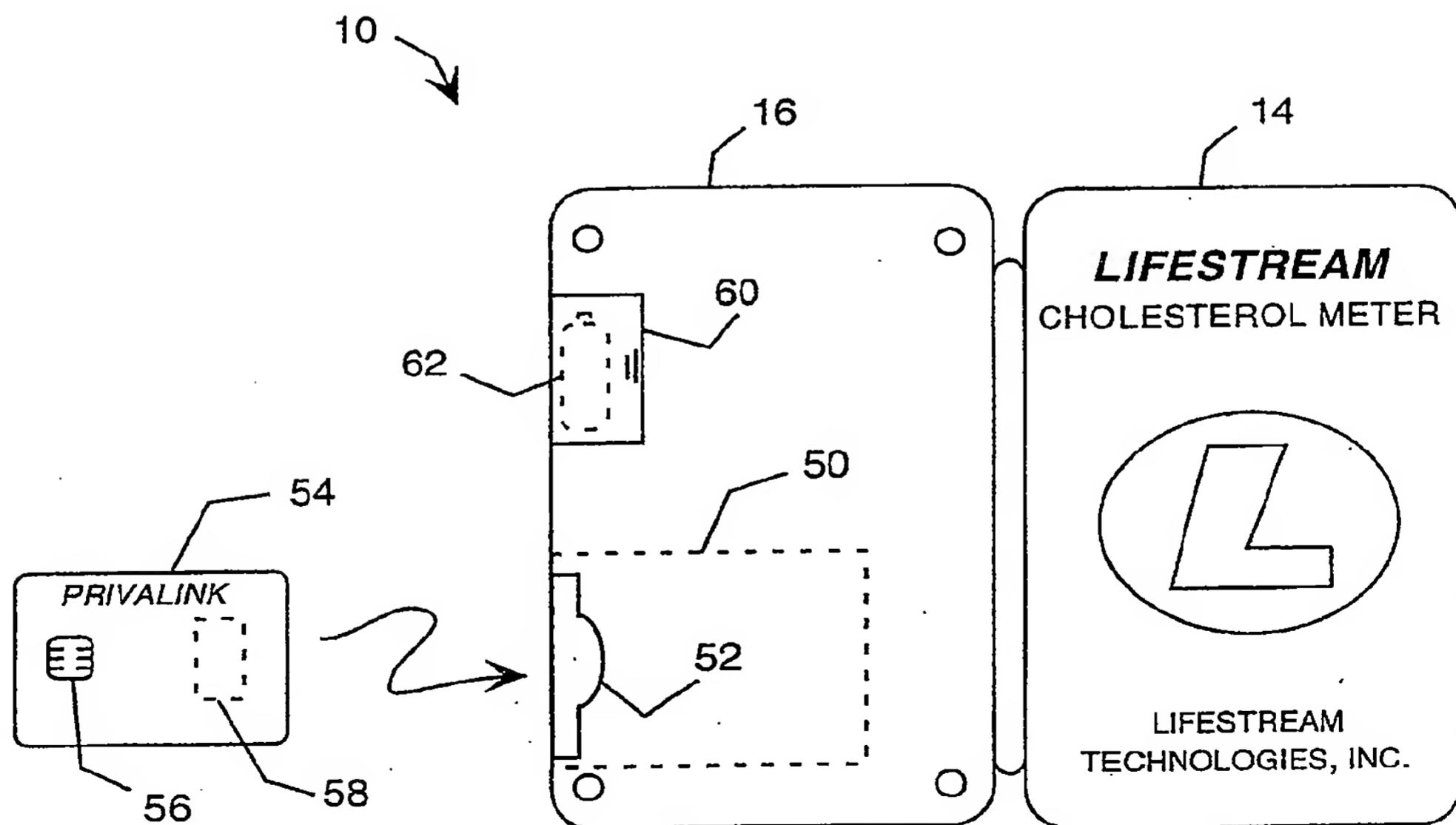


FIG. 1B

REPLACEMENT DRAWING

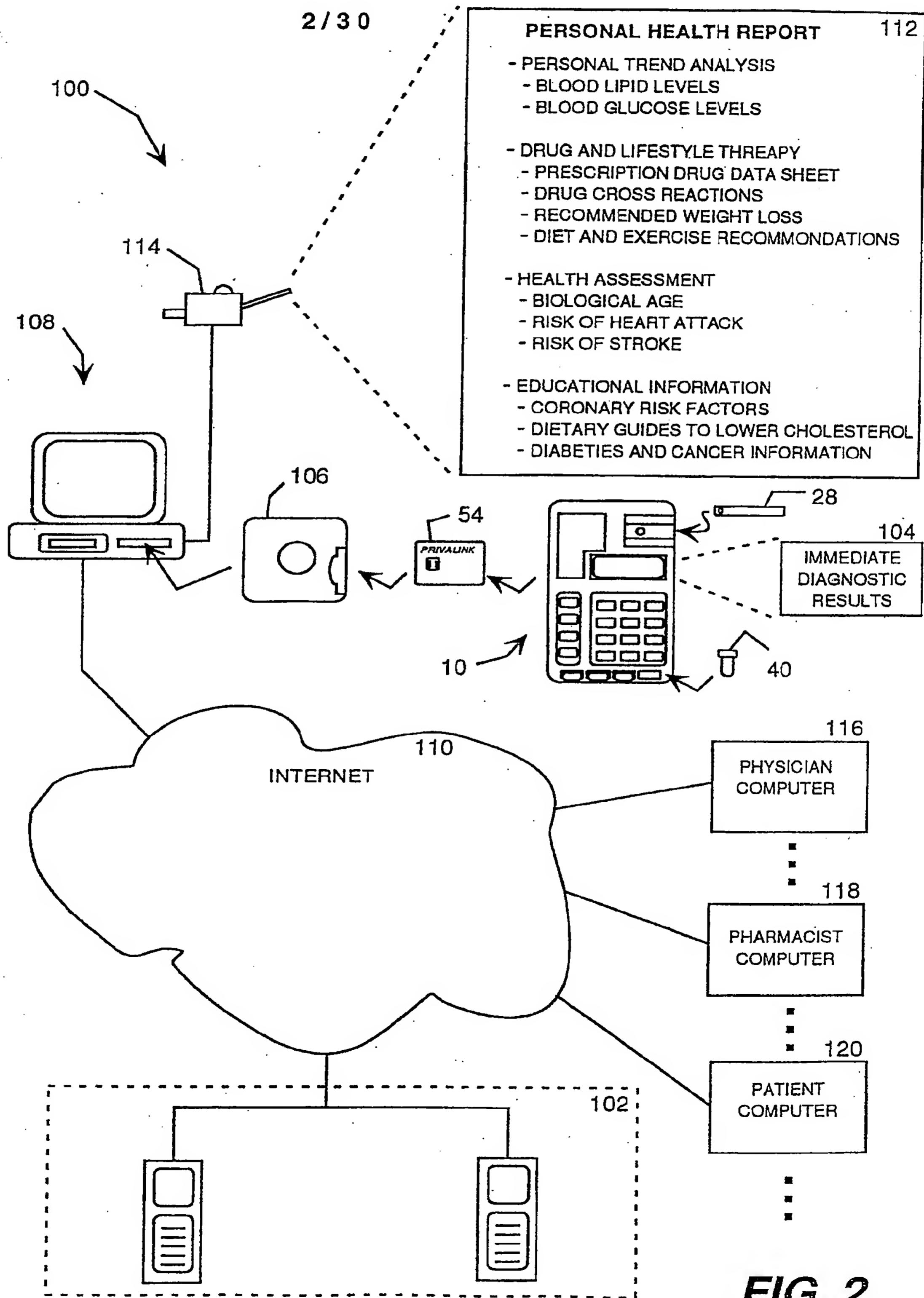


FIG. 2

REPLACEMENT DRAWING

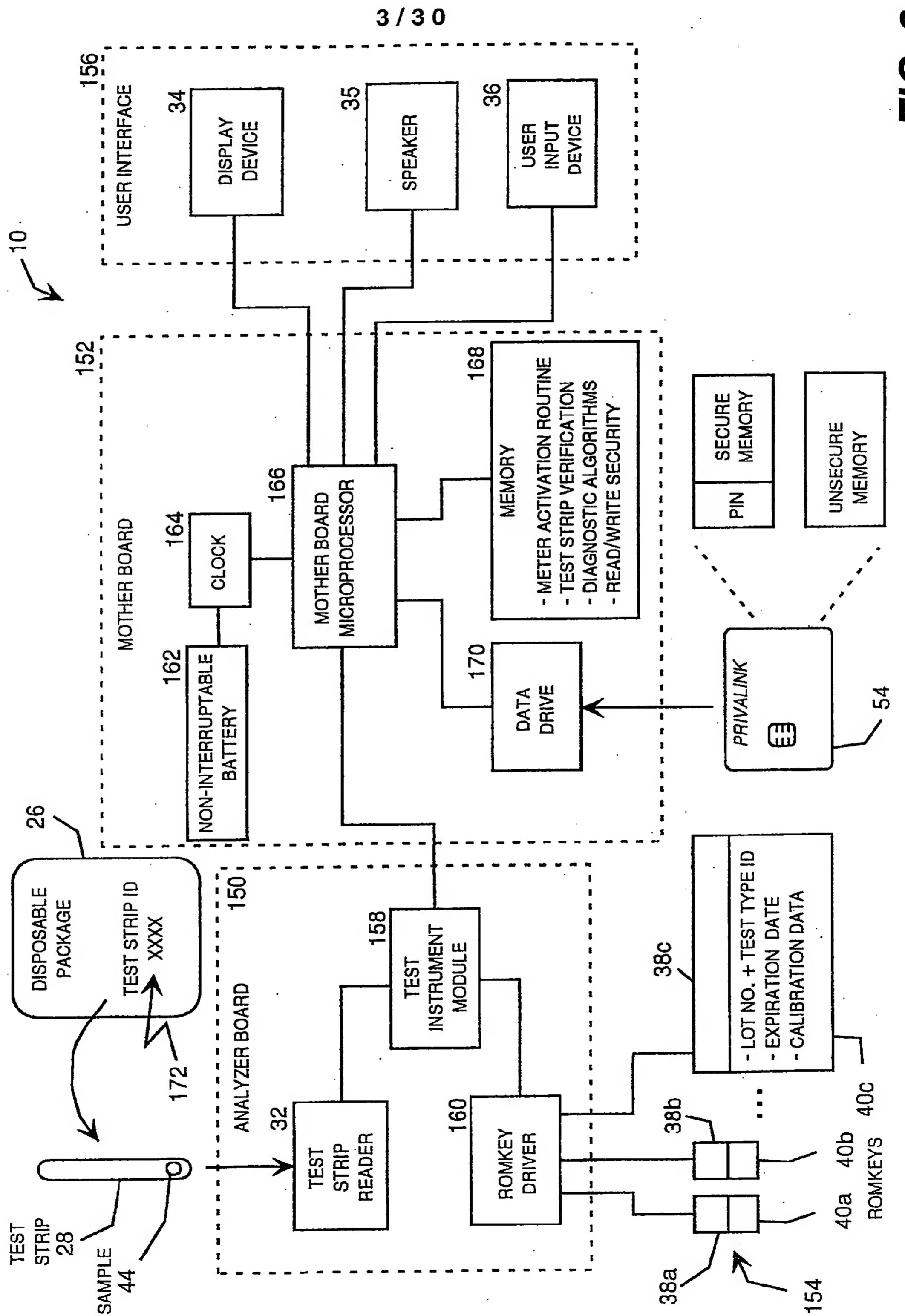


FIG. 3

REPLACEMENT DRAWING

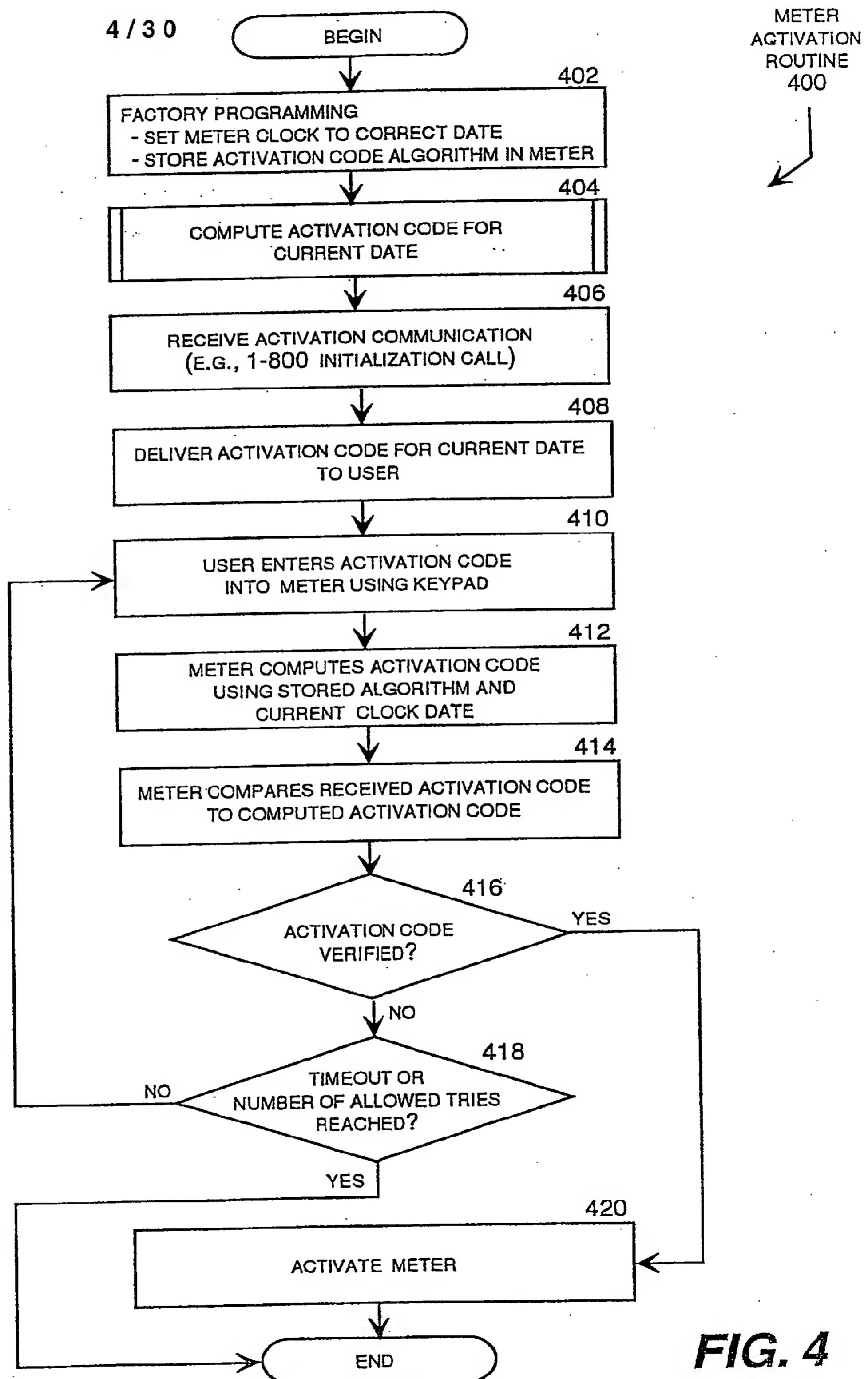


FIG. 4

REPLACEMENT DRAWING

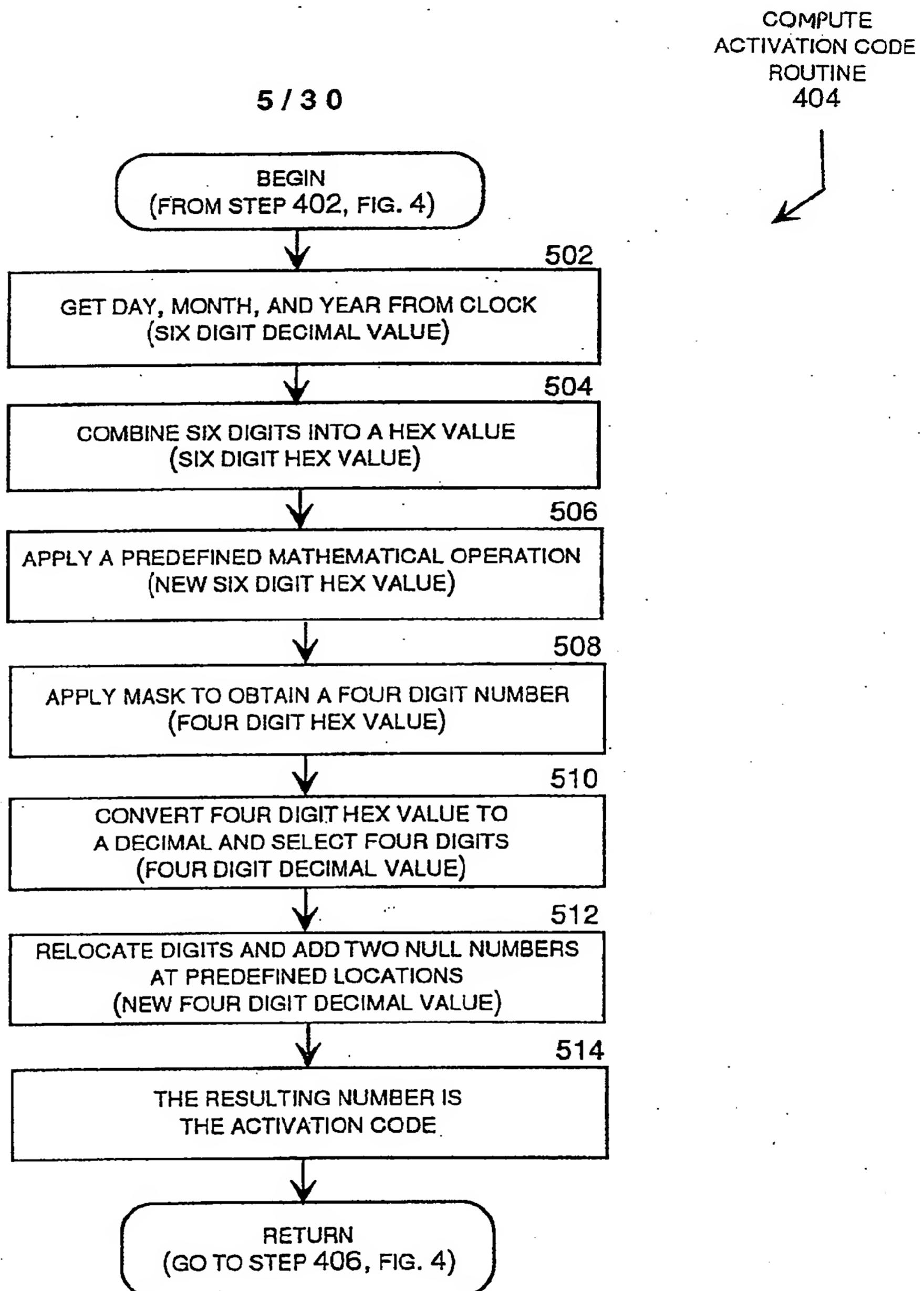
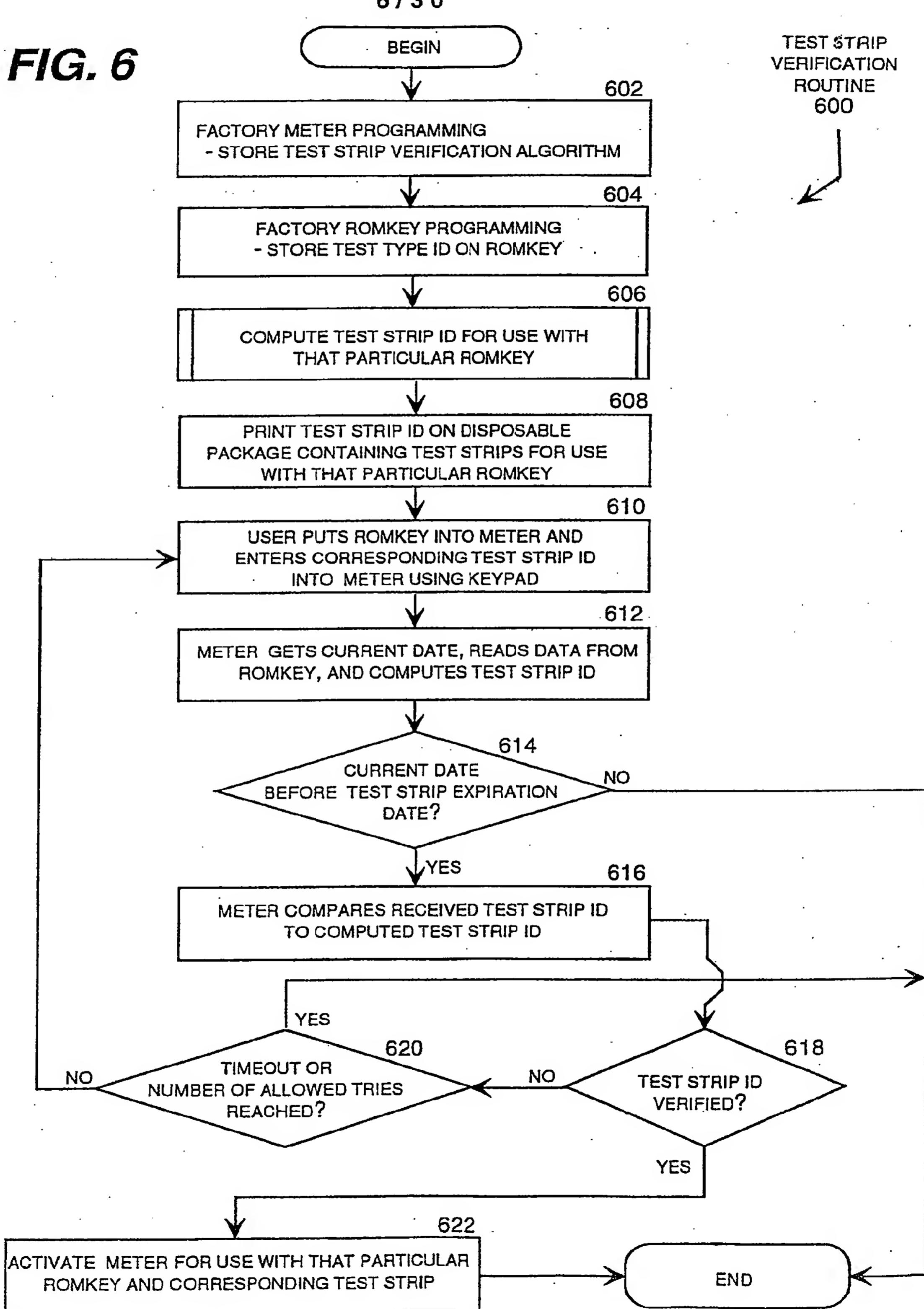


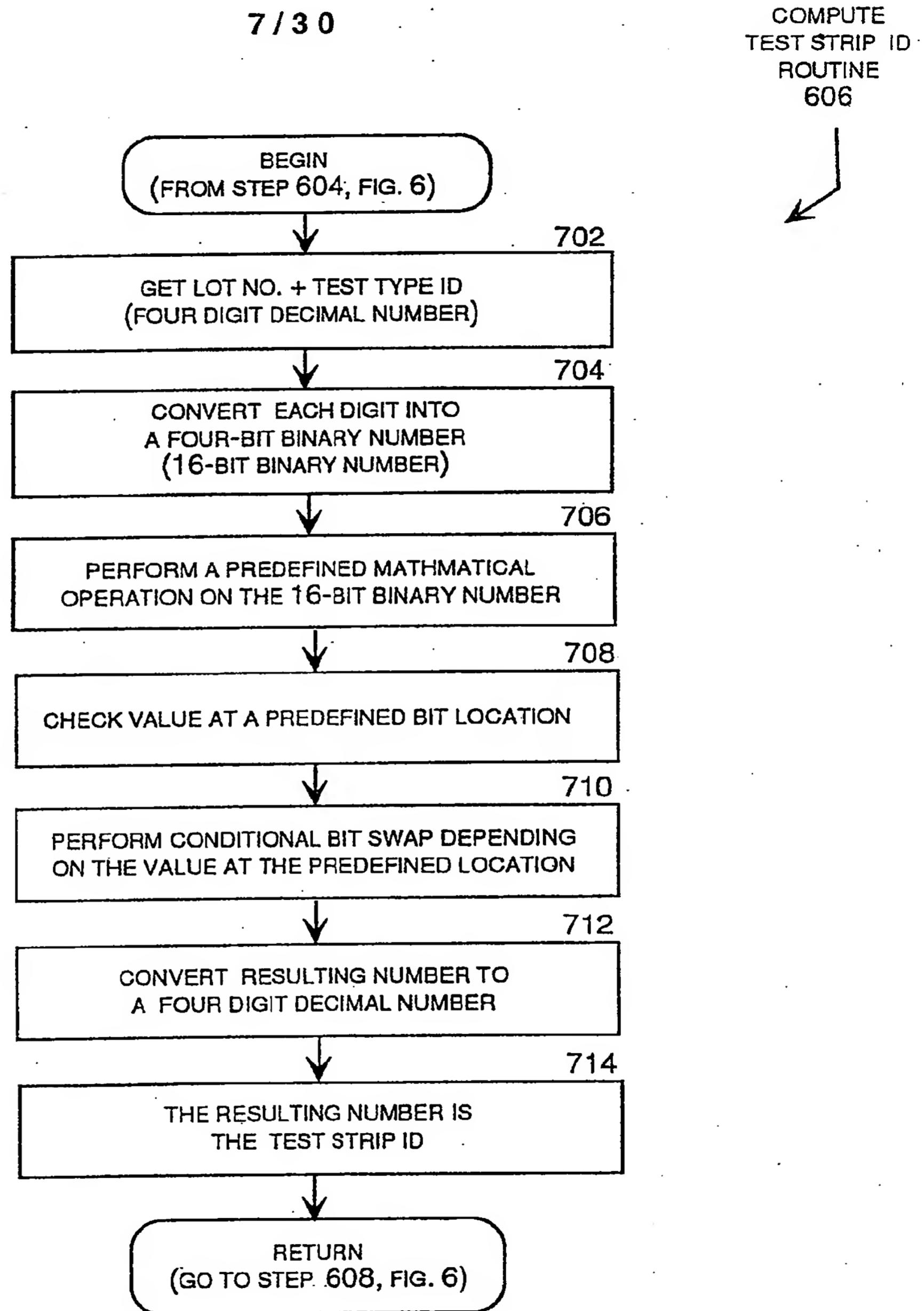
FIG. 5

REPLACEMENT DRAWING

FIG. 6



REPLACEMENT DRAWING



REPLACEMENT DRAWING

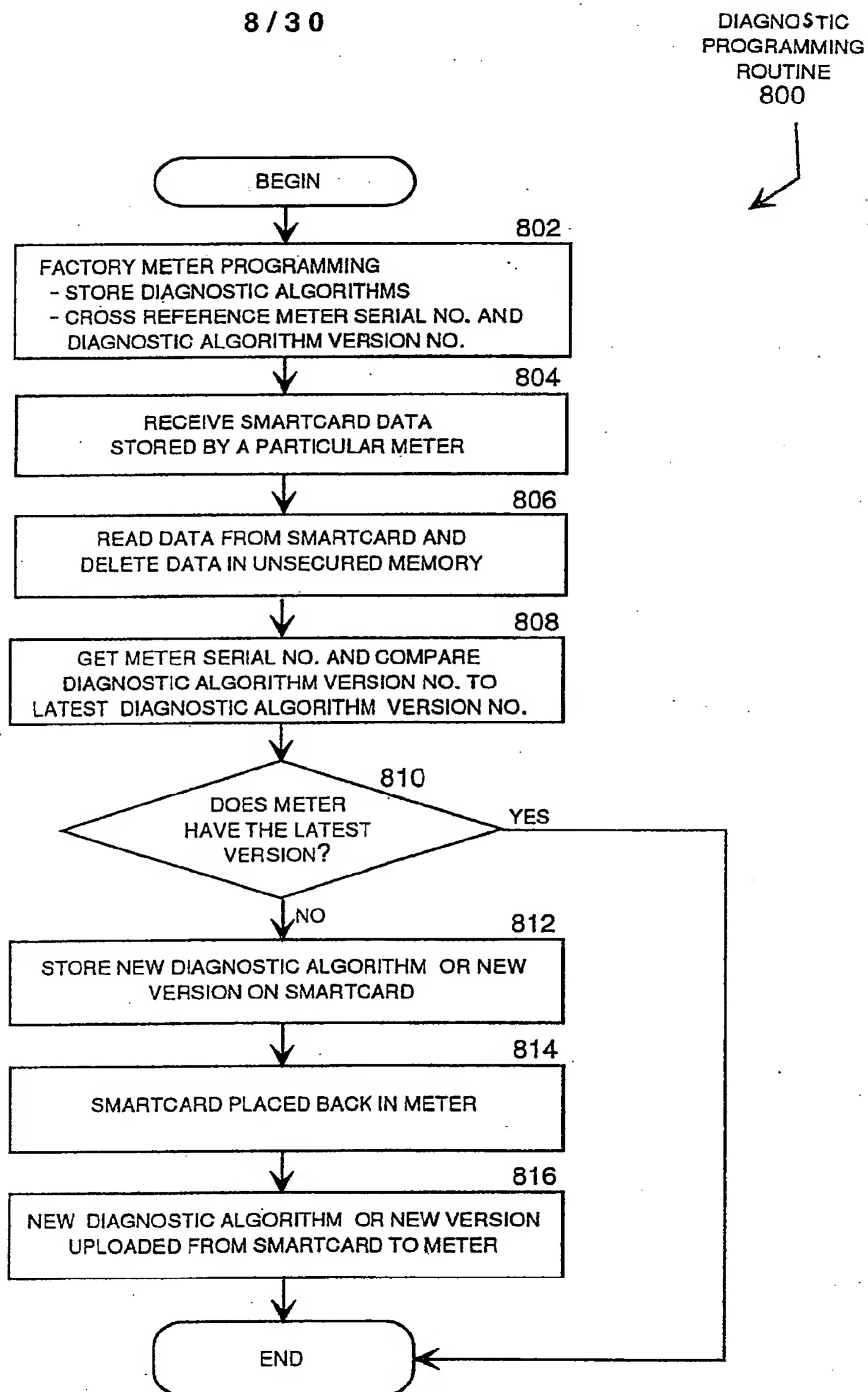


FIG. 8

REPLACEMENT DRAWING

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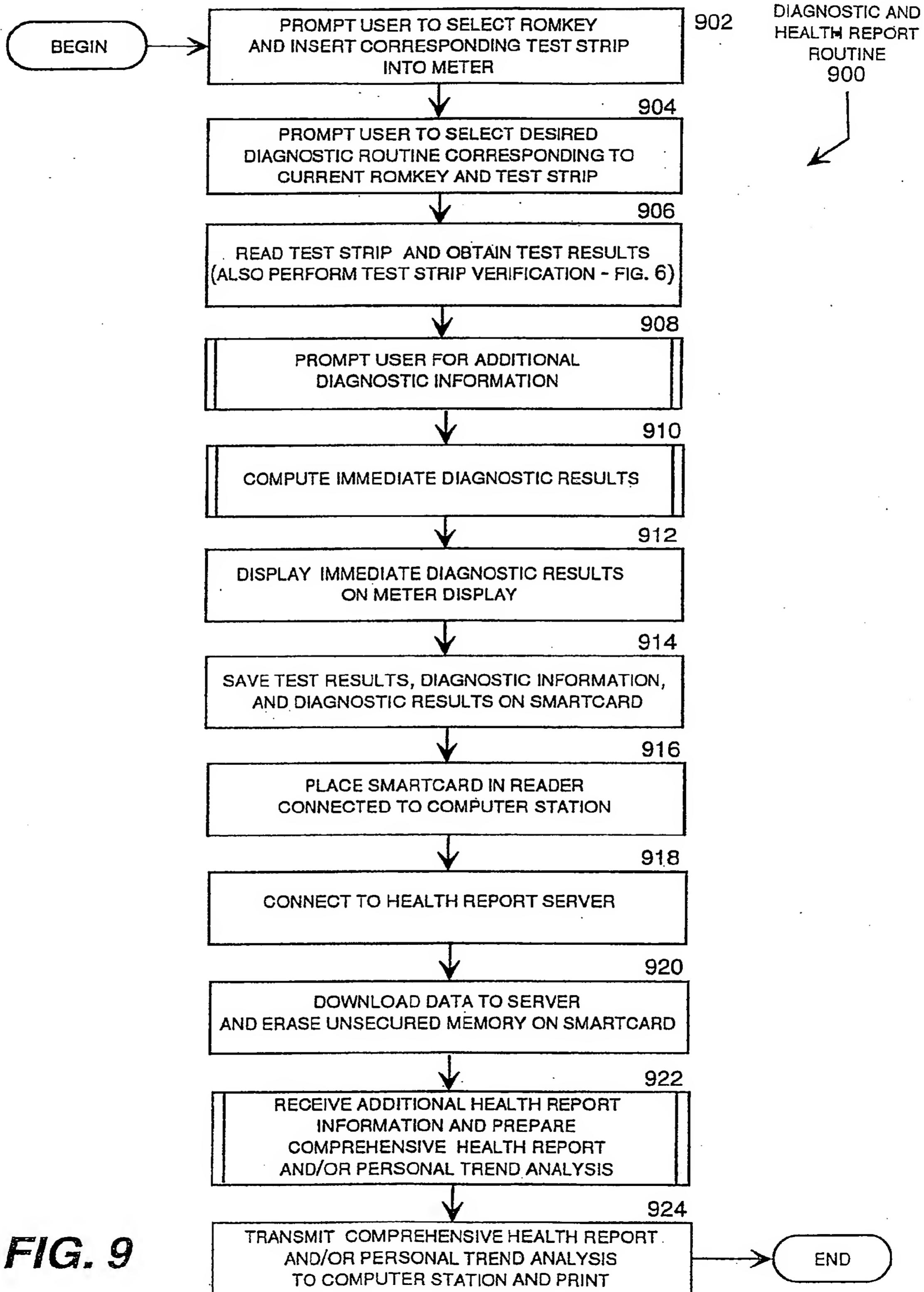
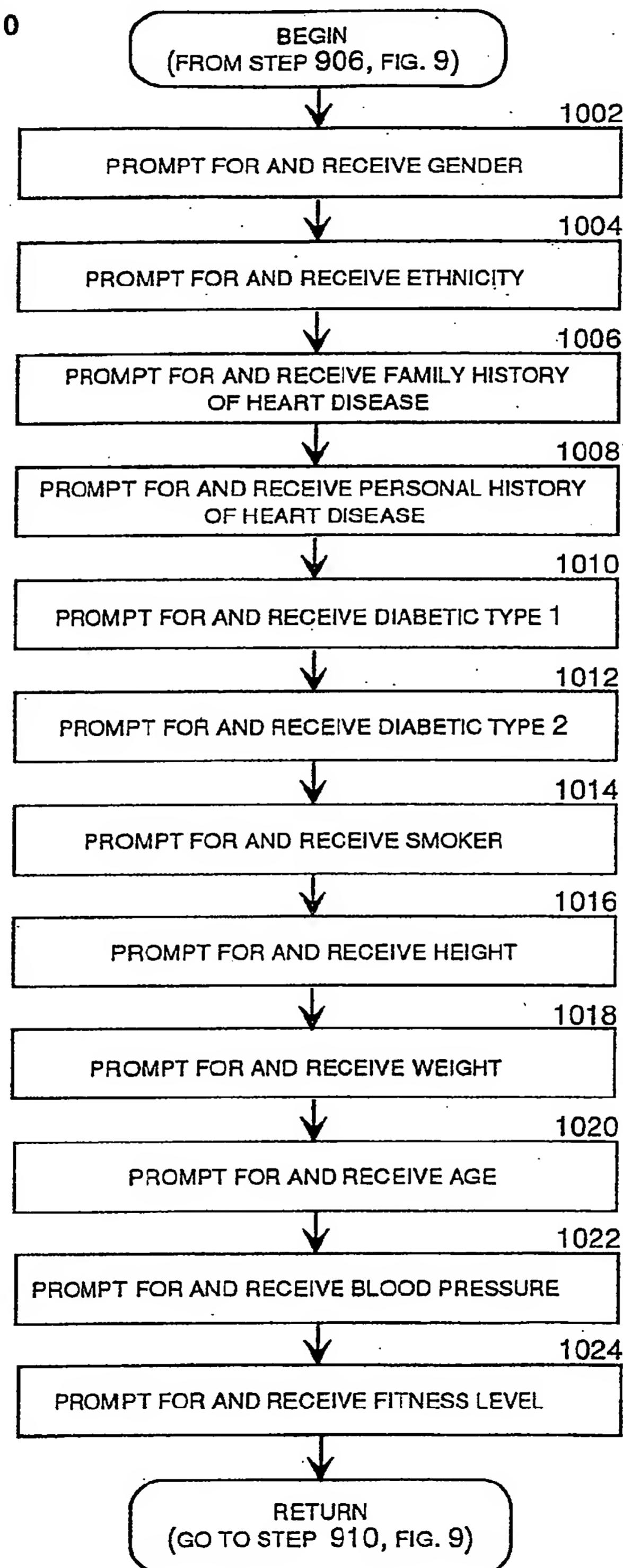


FIG. 9

REPLACEMENT DRAWING

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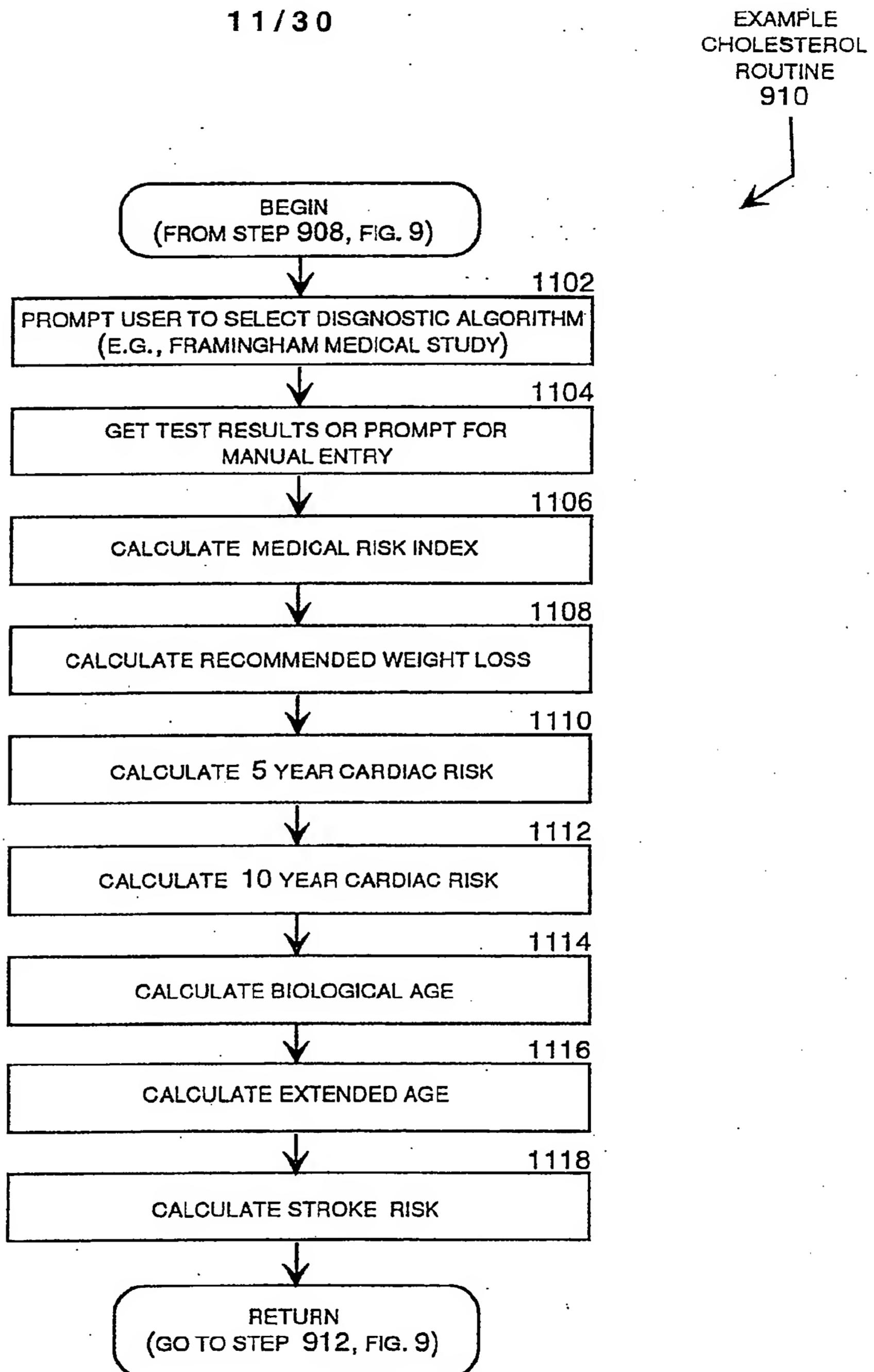


EXAMPLE
CHOLESTEROL
ROUTINE
908

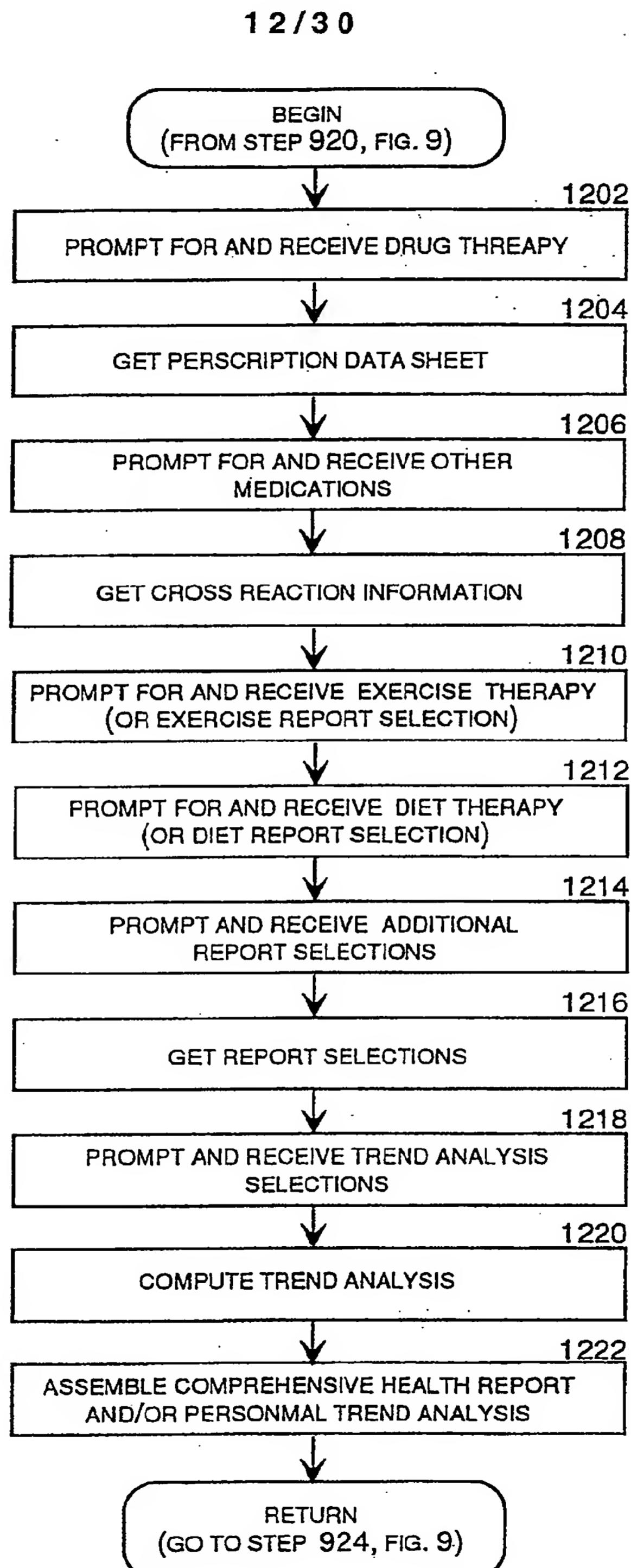


FIG. 10

REPLACEMENT DRAWING



REPLACEMENT DRAWING



EXAMPLE
CHOLESTEROL
ROUTINE
922



REPLACEMENT DRAWING

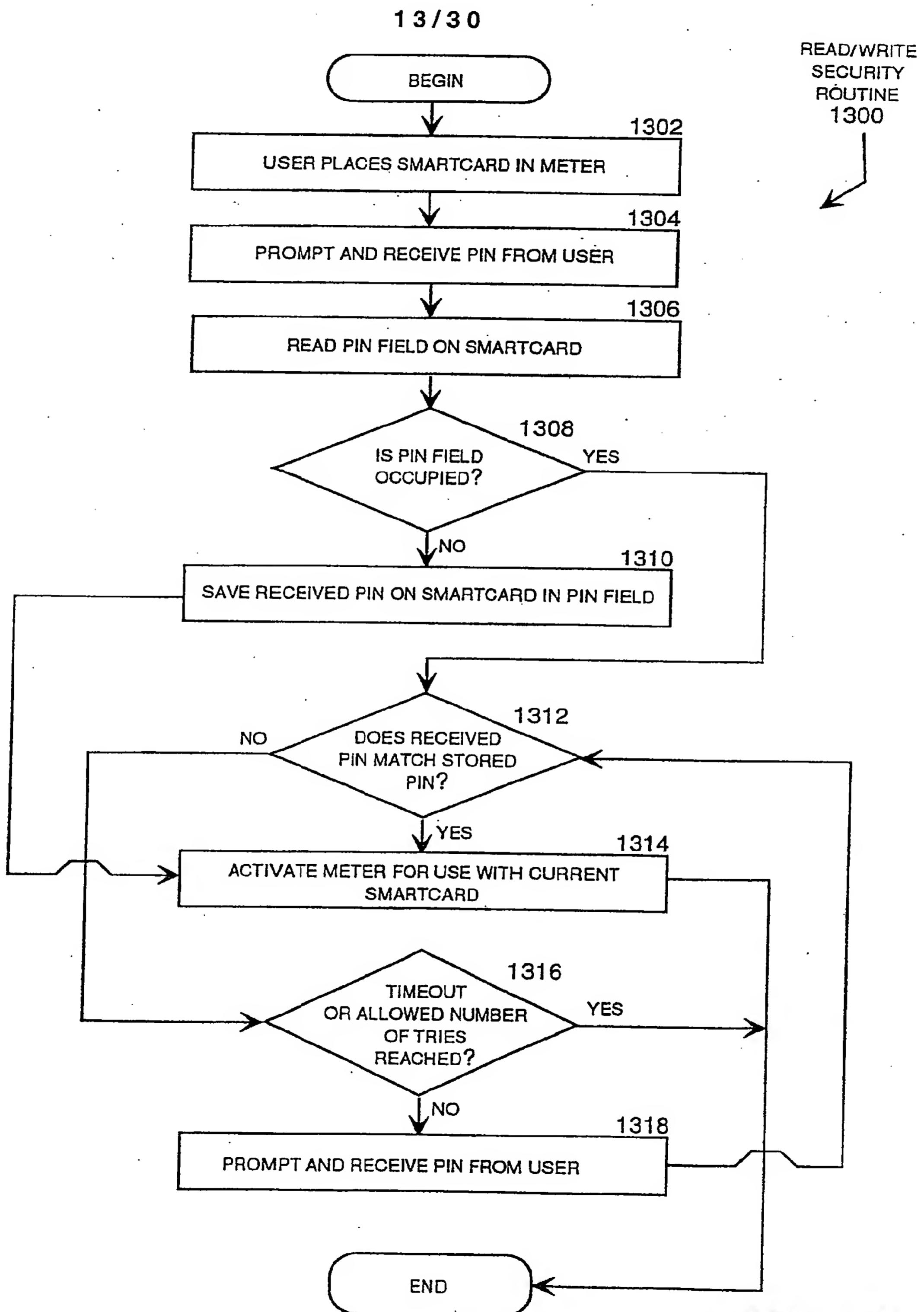


FIG. 13

REPLACEMENT DRAWING

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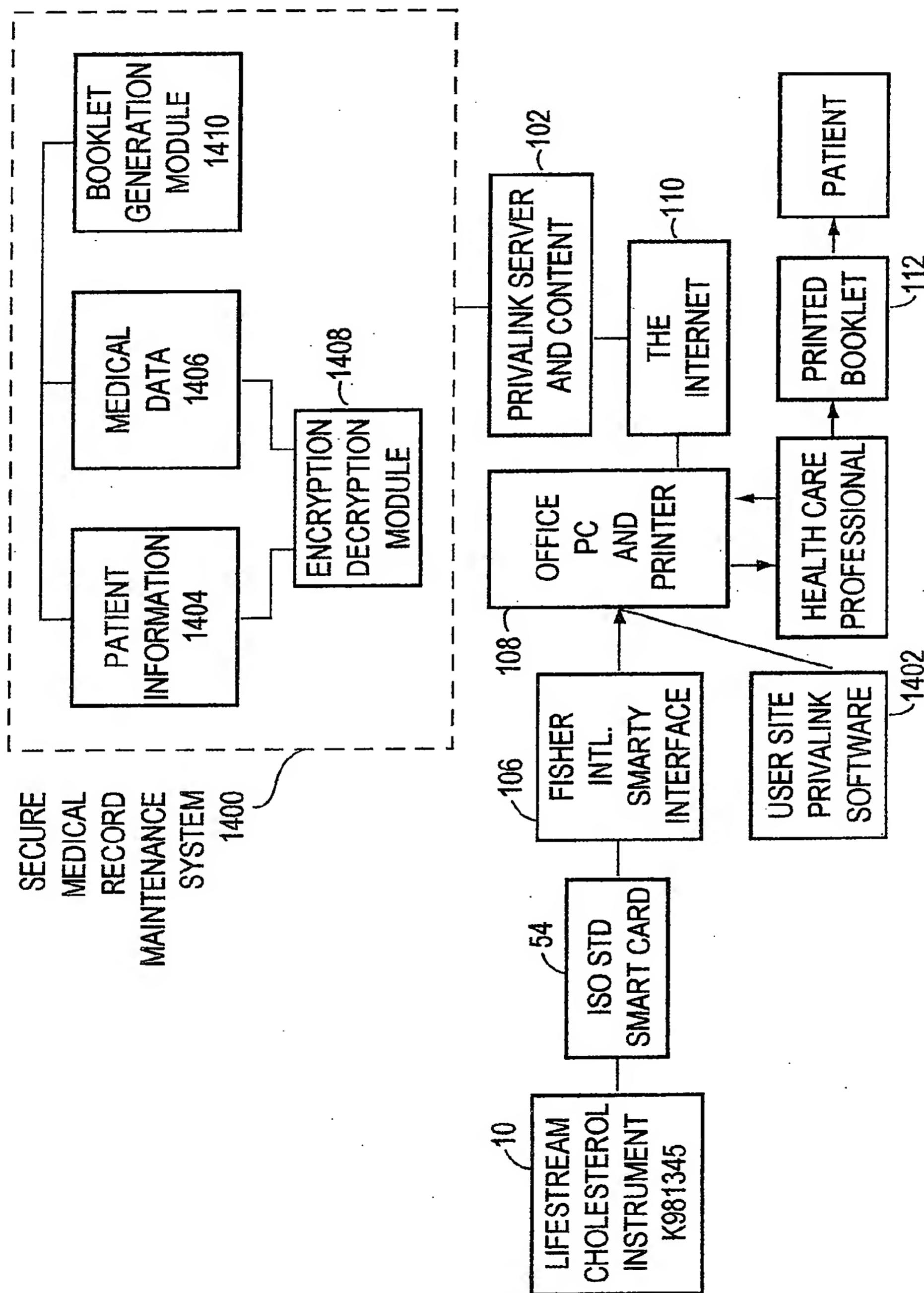


FIG. 14

REPLACEMENT DRAWING

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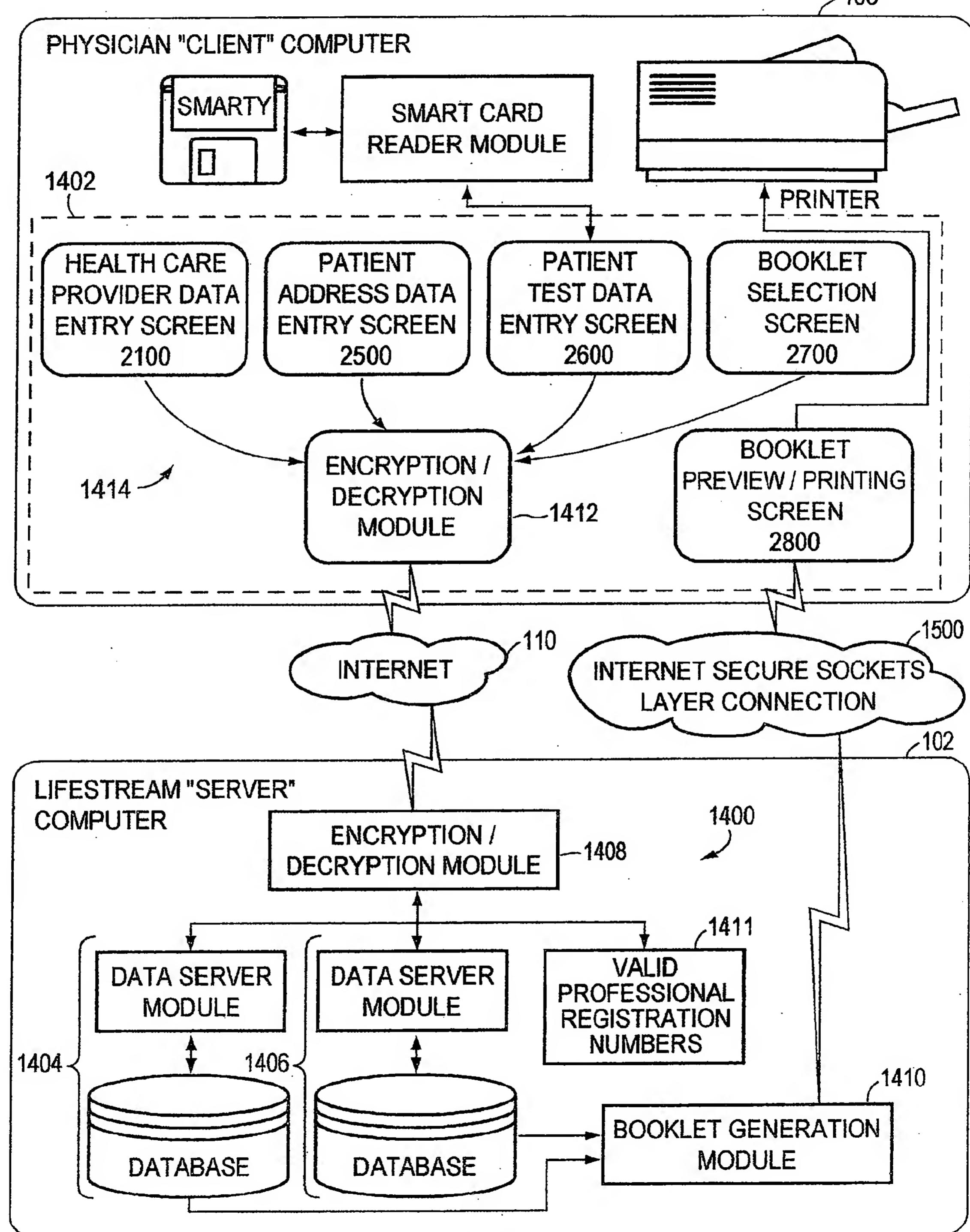


FIG. 15

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GLOBAL SYSTEM HARDWARE PICTORIAL

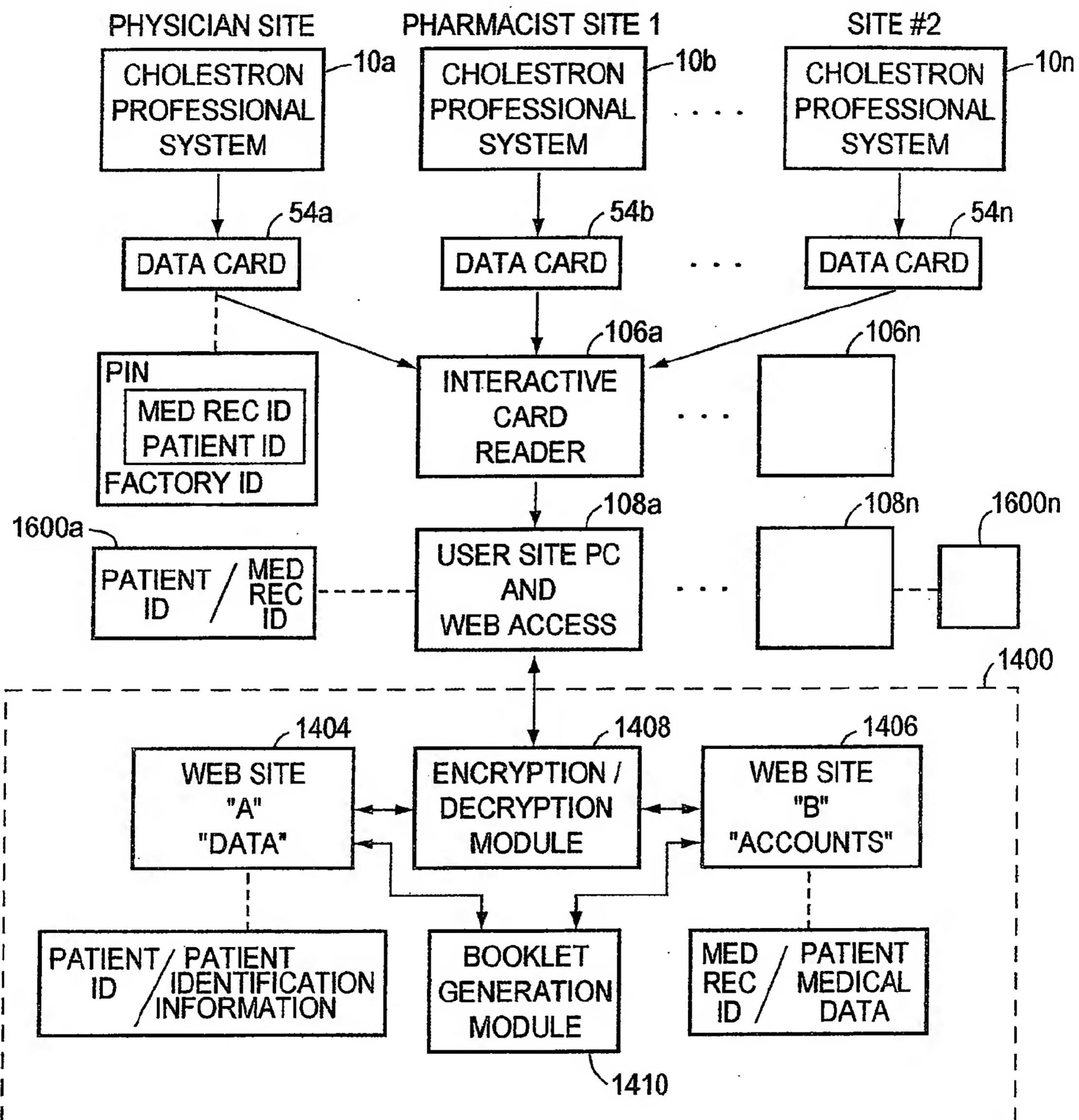


FIG. 16

REPLACEMENT DRAWING

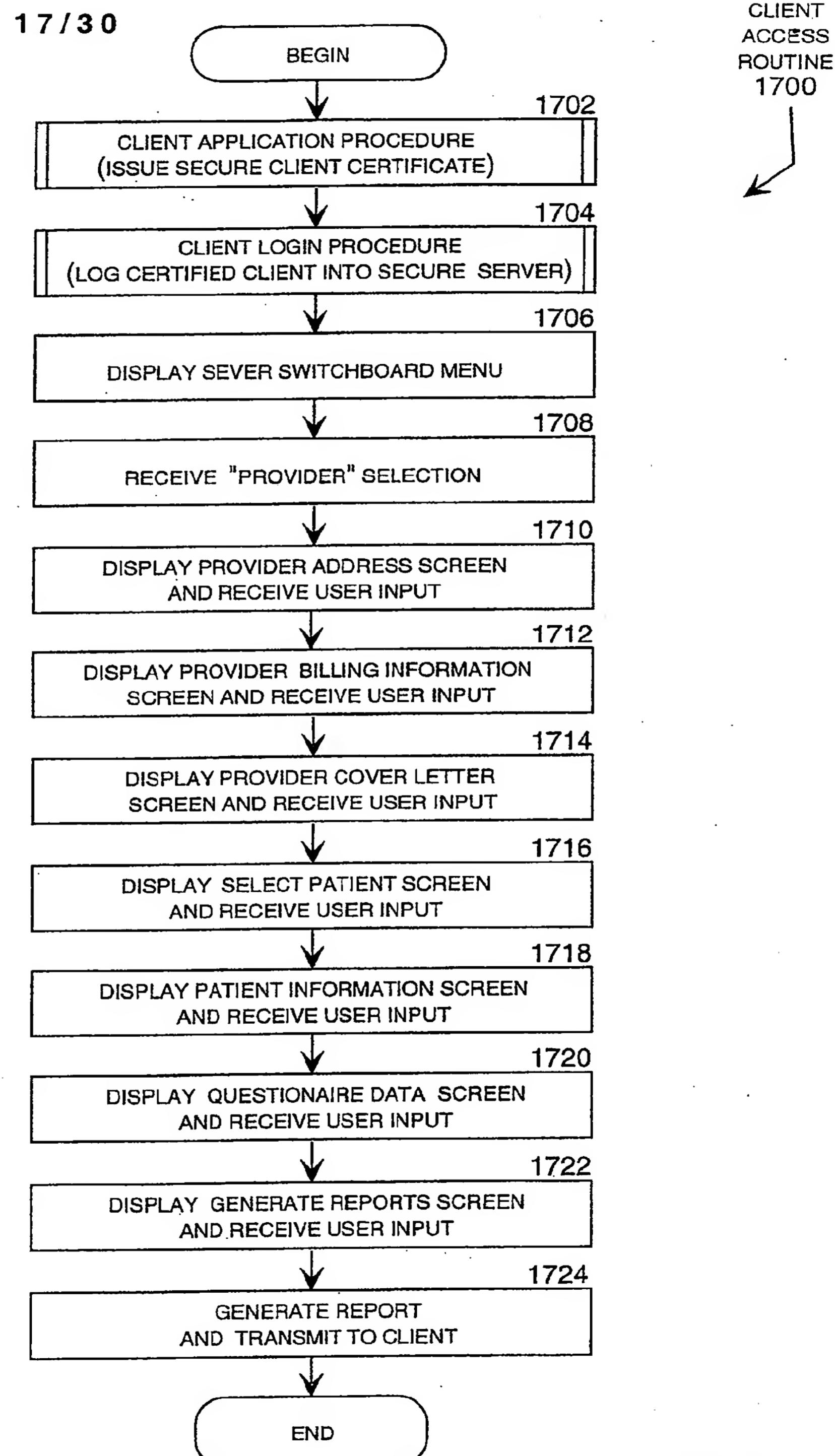
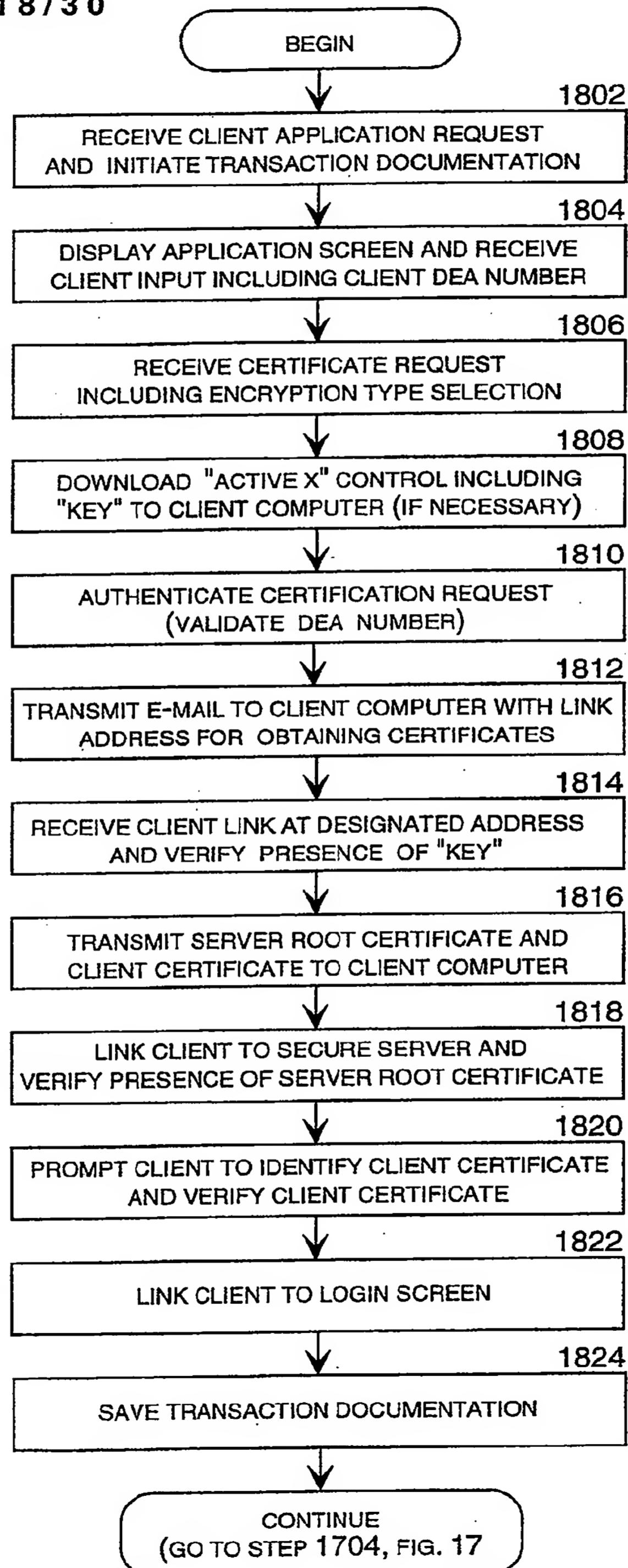


FIG. 17

REPLACEMENT DRAWING

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CLIENT
APPLICATION
ROUTINE
1702

FIG. 18

REPLACEMENT DRAWING

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CLIENT
LOGIN ROUTINE
1704

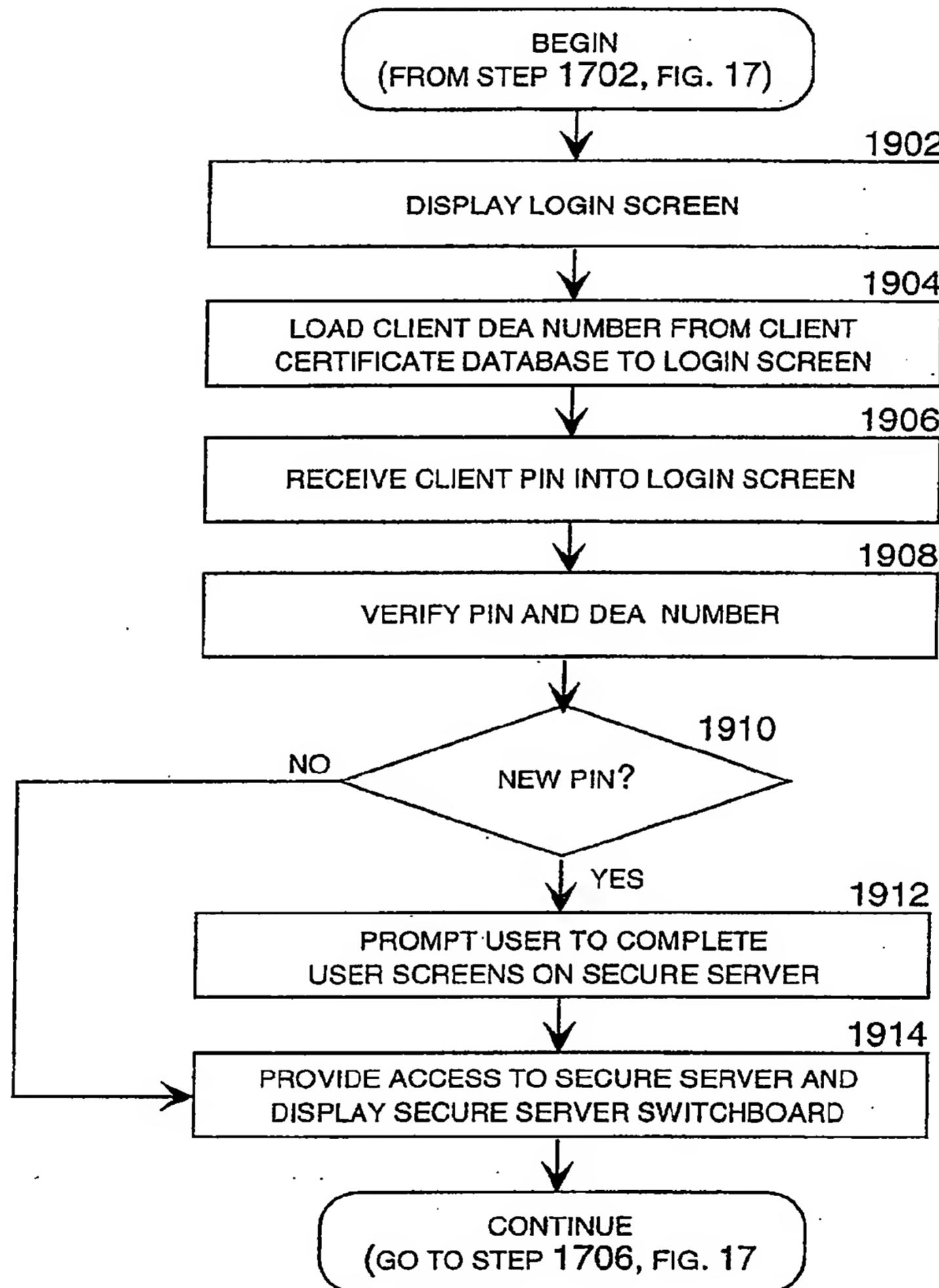


FIG. 19

REPLACEMENT DRAWING

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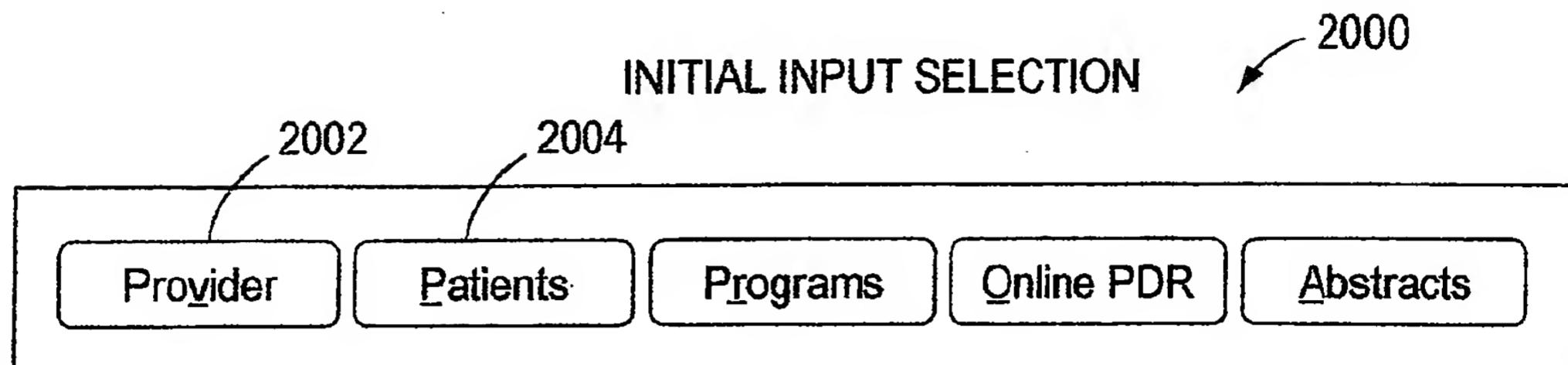


FIG. 20

BILLING MODULE

2102 2106 2108 2110 2104 2100

Address Billing Info Cover Letter

Account

Provider Number PIN

XX1234567 ****

Name

Title First Last Degree

Lifestream Technologies

Address

Street Address

510 Clearwater Loop

Suite 101

City State/Region Postal Code

Post Falls ID 83854

Country United States

Other

Phone Fax

(208) 457-9409 (509) 457-9509

Birthdate E-mail

1/1/60 sales@lifestreamtech.com

Associate PIN Numbers

First Name	Last Name
Jane	Worker
Joe	Worker

Add Modify Delete

Notes

1.0.3.4

Save

FIG. 21

Serial No.: 10/649,923
Docket No.: 023134.0128D1US
Inventors: Christopher T. Maus et al.
Title: HEALTH MONITORING AND DIAGNOSTIC DEVICE
AND NETWORK-BASED HEALTH ASSESSMENT
AND MEDICAL RECORDS MAINTENANCE SYSTEM

REPLACEMENT DRAWING

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2108

2200

2202

Address	Billing Info	Cover Letter
<p>Billing Method <input type="button" value="Credit Card"/></p> <p>Credit Card Information</p> <p>Credit Card Number <input type="text"/> Expiration Date <input type="text"/></p> <p>Name on card <input type="text"/></p> <p>Checking Account Information</p> <p>Checking Account <input type="text"/> Routing Number <input type="text"/></p>		
<input type="button" value="Save"/>		

FIG. 22

REPLACEMENT DRAWING

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2110

Address Billing Info Cover Letter

From the Office of Lifestream Technologies
510 Clearwater Loop, Suite 101, Post Falls, Idaho 83854
Phone: (208) 457-9409 Fax: (208) 457-9509

~Data~
~Pt.Name~
~Pt.Address~
~Pt.City~, ~Pt.State~ ~Pt.Zip~
Dear ~Pt.FirstName~,

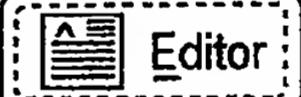
 Editor  Save

FIG. 23

REPLACEMENT DRAWING

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2400

1.0.253

Select an existing patient or add a new patient

Select Existing Patient  Read SmartCard

Add New Patient

Administrative

 Backup  Recreate Card

 Restore  Quick List

 Next

FIG. 24

REPLACEMENT DRAWING

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2500

Patient Information

Account		Other	
File Number	Entry Date	Phone	Fax
123	11/24/98	(509) 555-1212	
Name		Birthdate	Gender
First	Last	1/1/50	<input type="radio"/> Male
Jill	Smith		<input checked="" type="radio"/> Female
Address		E-mail	
Street Address		<input type="text"/>	
110 Main			
City	State/Region	Postal Code	
Spokane	WA	99201	
Country	Language	Notes	
United States	English	<input type="text"/>	
Save			
Previous		Next	

FIG. 25

REPLACEMENT DRAWING

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2600

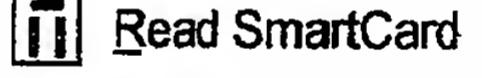
Questionnaire Data

Patient		Test Time Stamp	
File Number	First	Last	12/8/98 10:16:01AM
123	Jill	Smith	

Risk Components

Family History	<input checked="" type="checkbox"/>	Height	68	inches	Glucose	0	mg/dl
Personal History	<input type="checkbox"/>	Weight	165	pounds	Body Fat	24	%
CVD	<input type="checkbox"/>	Age	48	Years	Systolic	140	
AF	<input type="checkbox"/>	Chol	215	mg/dl	Diastolic	80	
LVH	<input type="checkbox"/>	Tng	0	mg/dl	Fitness	Sedentary	<input type="checkbox"/>
Diabetes Type 1	<input type="checkbox"/>	LDL	0	mg/dl	Ethnicity	Caucasian	<input type="checkbox"/>
Diabetes Type 2	<input type="checkbox"/>	HDL	0	mg/dl	Gender		
Smoker	<input checked="" type="checkbox"/>				Male	<input checked="" type="radio"/>	Female

Record 1 of 1

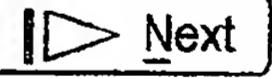
 Previous  Next

FIG. 26

REPLACEMENT DRAWING

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2700

Generate Reports

Current Test		First	Last	Test Time Stamp
File Number	123	Jill	Smith	12/8/98 10:16:01AM
<input checked="" type="checkbox"/> Full Program	Lifestyle Therapy		Lipid Drug	Blood Pressure Drug
<input checked="" type="checkbox"/> Cover Letter	None	None	None	None
<input checked="" type="checkbox"/> Summary	NCEP			
<input checked="" type="checkbox"/> Evaluation				
<input checked="" type="checkbox"/> Receipt				

FIG. 27

REPLACEMENT DRAWING

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	CORONARY RISK FACTORS	TEST RESULTS	IDEAL RANGE	GOALS
IDEAL	GENDER	MALE		
IDEAL	PERSONAL HISTORY	NO	NONE	
IDEAL	FAMILY HISTORY	NO	NONE	
	CVD	NO		
	AF	NO		
	LVH	NO		
MODERATE	DIABETES (TYPE 1)	YES	NONE	
HIGH	SMOKER	YES	NO	
	HEIGHT	66 in		
	WEIGHT	155 lbs		
	AGE	44		
MODERATE	TOTAL CHOLESTEROL	211	< 200	
	TRIGLYCERIDES	200		
	HDL	N/A	45-65	
	LDL	N/A	65-135	
	GLUCOSE	N/A		
IDEAL	PERCENTAGE OF BODY FAT	N/A	18%	
IDEAL	BP SYSTOLIC	115	< 120	
LOW	BP DIASTOLIC	80	< 80	
LOW	FITNESS	MODERATE	HIGH	

2804

PERSONAL HEALTH CONSEQUENCES		
BODY MASS INDEX (BMI)	25	< 25
POUNDS OVERWEIGHT	0	0
CHOLESTEROL/HDL RATIO	N/A:1	< 3.5:1
CARDIAC RISK	5 YEARS - 5%	10 YEARS - 10%
BIOLOGICAL AGE	47	< 44
STROKE RISK	10 YEARS - LOW RISK	

2806

EXTENDED HEALTH ASSESSMENT SUMMARY

CHRONOLOGICAL AGE	30	40	50	60	70
CARDIAC AGE	N/A	N/A	52	62	69

REPLACEMENT DRAWING

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2900

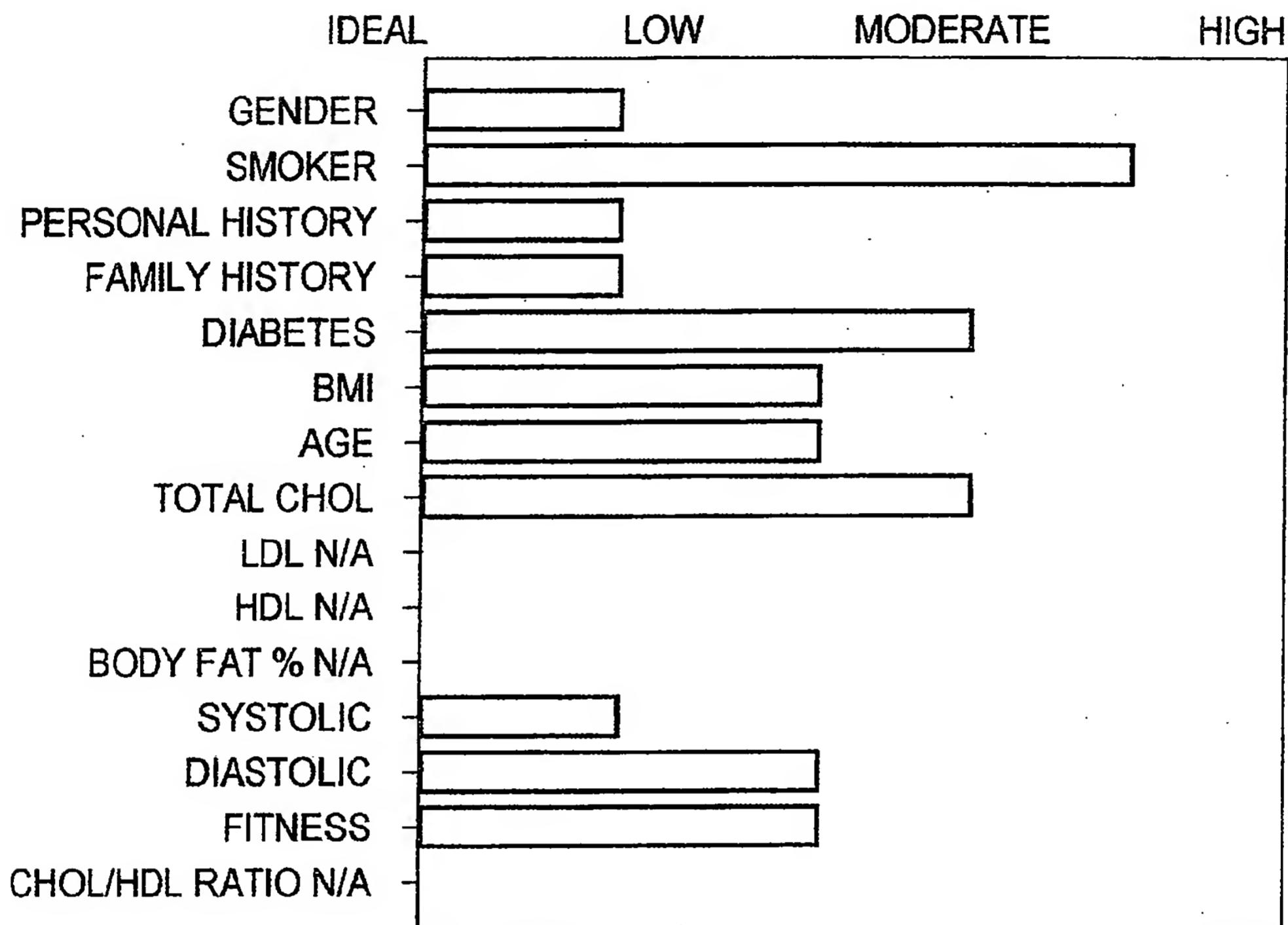


FIG. 29

REPLACEMENT DRAWING

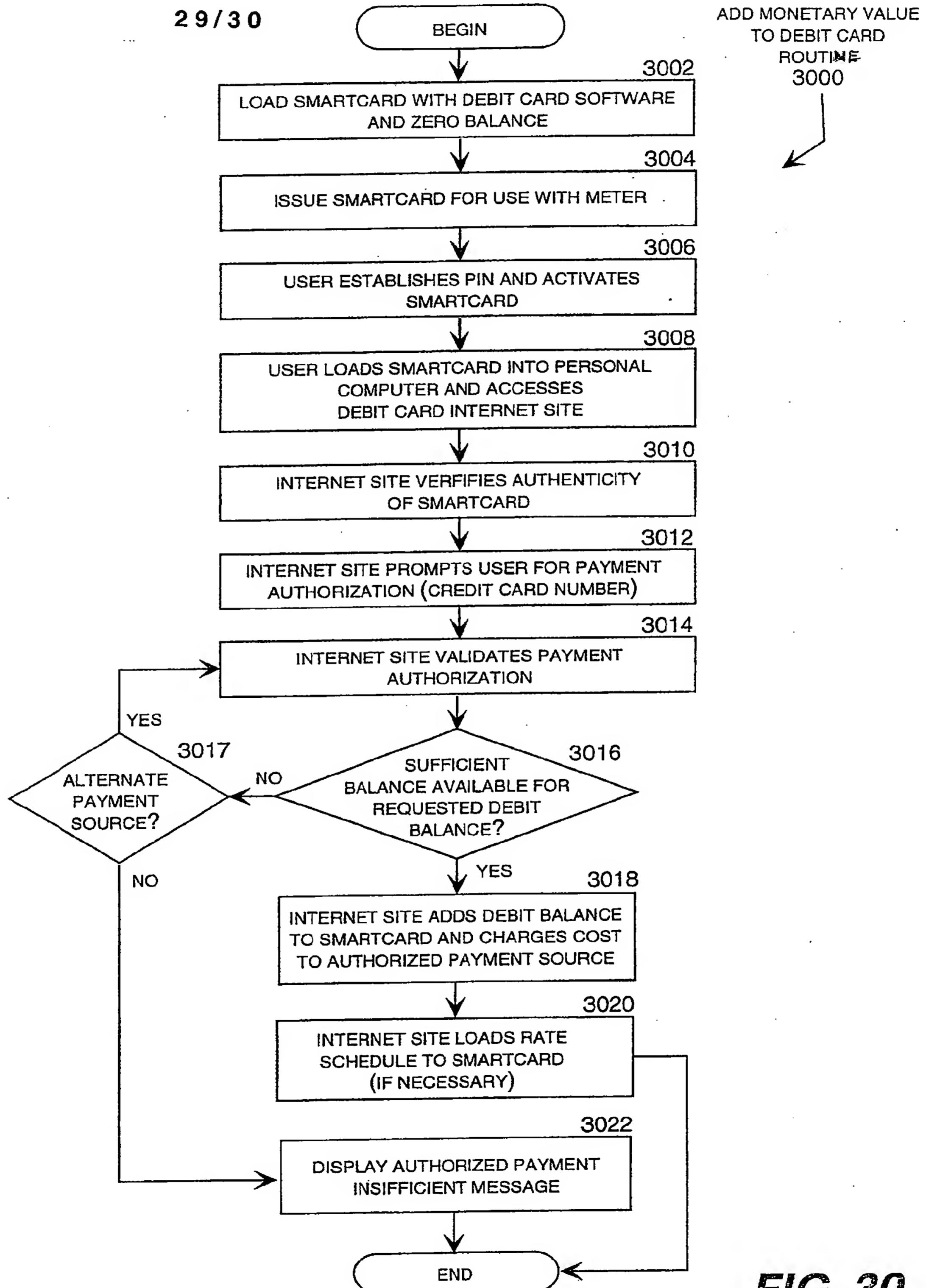


FIG. 30

REPLACEMENT DRAWING

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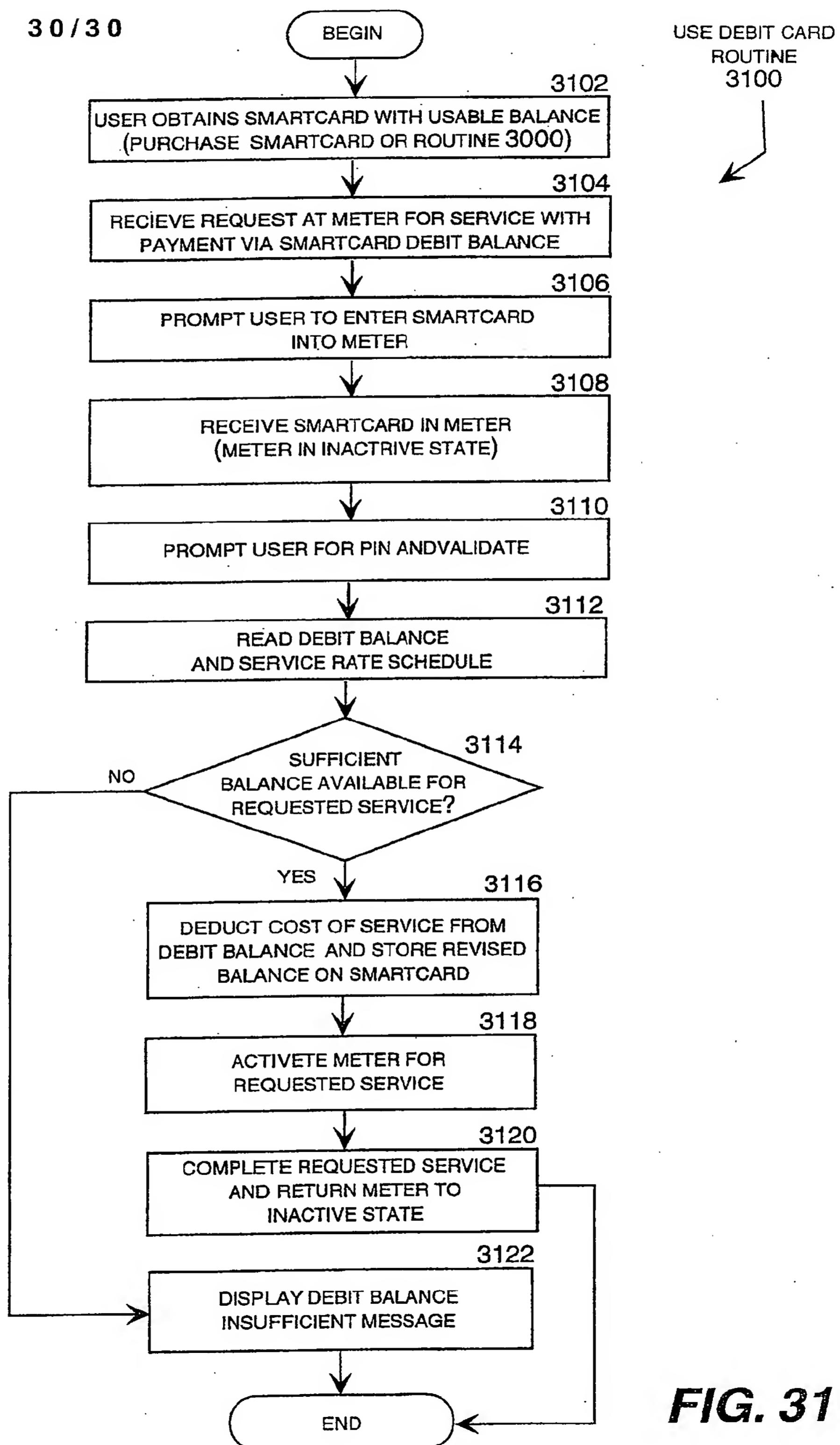


FIG. 31